for potential confounders. The relative hazards of death were then ranked to check for consistency of findings. The analysis was first carried out for all AIDS-defining illnesses, and repeated so as to compare the survival of initial AIDS-defining illness diagnosed at the time of AIDS diagnosis, and those diagnosed thereafter.

Results: The results showed poor median survival for patients with AIDS-defining illnesses of HIV encephalopathy, unspecified pneumonias, Lymphoma and Kaposi's Sarcoma. The hazard ratios in the multivariate models for each of these AIDS-defining illnesses were significantly higher than 2. The ranking of AIDS-defining illnesses in terms of survival pattern was noted to be generally consistent even after adjusting for prognostic factors such as age at diagnosis of AIDS and number of AIDS-defining illnesses.

Conclusion: We ranked AIDS-defining illnesses according to adjusted hazard ratios, which showed that clear ranking had been generally maintained. This study serves as an important reference in evaluating the use of AIDS-defining illness for assessment, prognostication and management of AIDS patients.

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20.011

The History of HIV/AIDS in Southeast Asia as Reflected in the Us Census Bureau Databases

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Purpose: To provide a summary of the trends of HIV infection among the nations of Southeast Asia.

Methods: The US Census Bureau compiled databases (December 2006 version) were analyzed for the nations of Southeast Asia. Linear trends established by regression were compared by risk factor status through time.

Findings: Data from 11 nations were analyzed ranging from 39,702 studies in Thailand to 5 in East Timor. Mean HIV prevalences among all studies were highest in Cambodia (11.1), Myanmar (10.7) and Thailand (10.2). Among the general population, highest prevalences were seen in Cambodia (3.02) and Thailand (1.74). Linear trends showed highest values for Viet Nam and Malaysia (both 0.96), although with sample size weighing the highest was for Cambodia (0.75). Risk factor groups with highest overall prevalence (excluding hemophiliacs) were drug using populations in Myanmar (54.3), Thailand (35.2), Viet Nam (26.0), Indonesia (25.7), and Malaysia (16.98), and commercial sex workers (CSW) in Cambodia (27.3), Myanmar (18.8), and Thailand (13.4). In Thailand, HIV prevalence increased significantly among TB patients (25.8 to 42.1) but fell among CSWs (16.5 to 10.3). Using linear trend regression analysis, greatest increases in prevalence were seen among drug using populations in Indonesia (3.9) and Viet Nam (2.44) and among sexually treated infection patients in Cambodia (2.3). Decreases in HIV prevalence were seen among CSW populations in Cambodia (−1.01) and Thailand post-1997 (−1.18). Linear trends by regression among heterosexually acquired HIV were highest in Myanmar (2.13) and the Thai outbreak pre-1998 (1.61). in Thailand post-1998 are not shared throughout the region with rises in prevalence among drug using populations in Indonesia and Viet Nam. Decreases among CSW populations in Cambodia are not reflected among the trends seen in Cambodian STI clinics.

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20.012

The Changing Epidemiology Among Drug Users in Southeast Asia

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Purpose: To provide an analysis of HIV cases among the drug using populations in the nations of Southeast Asia.

Methods: The US Census Bureau compiled databases (December 2006 version) for HIV among drug using populations were analyzed for the nations of Southeast Asia. Linear and quadratic models were formed and compared by risk factor status.

Findings: Significant data were available for 6 of the 11 nations of SE Asia (Brunei, Cambodia, East Timor, Laos and Singapore are not represented). The compiled studies included significant numbers from Thailand (1002), Viet Nam (308), Myanmar (140), Malaysia (65), the Philippines (52) and Indonesia (36). The overall prevalences for HIV in the drug-using populations were highest for Myanmar (54.3) and Thailand (32.5 before 1998, 35.2 1998 and later) and Indonesia (25.7) followed by Viet Nam (20.0) and Malaysia (12.1). The compiled rate was very low for the Philippines (0.07 with 1.6 the highest reported prevalence). The linear trends obtained as a measure on linear regression showed the highest values for Indonesia (3.9 where 21 of 36 studies are from Jakarta and all Jakarta studies are 1995 or later) followed by Viet Nam (2.44), Thailand before 1998 (1.72), and Malaysia (1.3) and Thailand 1998 and later (1.10), Decreasing values (showing falling prevalence among studies) were reported from Myanmar (with a high baseline) (−0.28) and the Philippines (−0.007). Quadratic best-fit curves for Malaysia and Indonesia are shown below.

Conclusions: Advances in HIV/AIDS control among drug-using populations in Southeast Asia are not uniform. The nation most impacted is Myanmar and its high prevalences are associated with some modest decline in recent studies. The recent upsurge in Indonesia is primarily in Jakarta. Nations not reporting data require additional surveillance for the geographically abut the above impacted nations.

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